

## PRIVACY ACT CONSENT FORM

In accordance with the provisions of the Privacy Act of 1974, as amended (Public Law 93-579) which took effect on September 27, 1975, I give my consent for information concerning me to be furnished to the Office of United States Senator Mark Udall. I request that any relevant information the Senator may require in order to assist in responding to my inquiry, as his constituent, be provided to him in accordance with the provisions of the law. I hereby authorize the

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(Agency)

to release information from my records to the Office of Senator Mark Udall concerning:

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until the above issue is resolved.

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Signature

Date

PLEASE PRINT THE FOLLOWING INFORMATION:

Full Name\_\_\_\_\_

Address\_\_\_\_\_City\_\_\_\_\_

Phone\_\_\_\_\_Zip Code\_\_\_\_\_

E-mail\_\_\_\_\_

To begin your inquiry, the Office of Senator Mark Udall requires the following information as applicable to your case.

A#\_\_\_\_\_

Social Security #\_\_\_\_\_

Claim #\_\_\_\_\_

CIS Case #\_\_\_\_\_

Date and Place of Birth\_\_\_\_\_

Please return this form to the Office of Senator Mark Udall at 8601 Turnpike Drive, Suite 206, Westminster, CO 80031. Phone: 303-650-7820  
Fax: 303-650-7827.